TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Sharyn Beck

Typed or printed name

Total Number of Pages in This Submission

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Manual Control of the	Application Number	10/541,471
	Filing Date	2/15/2006
	First Named Inventor	John Robinson
	Art Unit	1793
	Examiner Name	James A. Fiorito
	Attorney Docket Number	4663 - 051882

Date

August 18, 2008

ENCLOSURES (check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request identify below): Request for Continued Examination Express Abandonment Request Request for Refund Seven Foreign Cited References Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name The Webb Law Firm Signature Printed Name Julie W. Meder Date August 18, 2008 Reg. No. 36,216 CERTIFICATE OF TRANSMISSION / MAILING I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known						
FEE TRANSMITTAL	Application Number 10/541,471						
	Filing Date 2/15/2000		6.				
For FY 2008	First Named Inventor	John Sydney Robinson					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name James A. Fig		Fiorito				
TOTAL ANGOLDIE OF BANDACENE (6) 020 00	Art Unit 1793		1000	***************************************			
TOTAL AMOUNT OF PAYMENT (\$) 930.00	Attorney Docket	4663 - 05	1882				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH							
	all Entity See (S) Fee (S)	Small Entity Fee (\$)	Fees Pa	(2) hie			
Utility 310 155 510	255 210	105	<u>rees ra</u>	aru (b)			
Design 210 105 100	50 130	65	***************************************				
Plant 210 105 310	155 160	80	*****				
Reissue 310 155 510	255 620	310	• • • • • • • • • • • • • • • • • • • •				
Provisional 210 105 0	0 0	0					
	0 0	U					
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)			50	25			
Each independent claim over 3 (including Reissues)			210	105			
Multiple dependent claims 370 185							
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee</u>	(S) Fee Paid (S)		· · · · · · · · · · · · · · · · · · ·	pendent Claims			
HP = highest number of total claims paid for, if greater than 20.			Fee (S)	Fee Paid (\$)			
Indep. Claims - 3 or HP Extra Claims Fee	(\$) Fee Paid (\$)		•	***************************************			
x				4			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the graph faction and drawing average 100 sheets of paper (avaluding electronically filed acquares or computer listings up to							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination and Petition for Extension of Time \$810 & \$120							
SUBMITTED BY							
Signature Registration No. (Attorney/Agent) 36,216 Telephone 412-471							
		August 18, 2008					

Doc. No.: OF2145